

1. CIR./DIST./DIV. CODE	2. PERSON REPRESENTED		VOUCHER NUMBER
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER
7. IN CASE/MATTER OF (<i>Case Name</i>)	8. PAYMENT CATEGORY <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Appeal	9. TYPE PERSON REPRESENTED <input type="checkbox"/> Adult Defendant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Other: _____	10. REPRESENTATION TYPE (<i>See Instructions</i>) <input type="checkbox"/> Appellant <input type="checkbox"/> Appellee

11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) *If more than one offense, list (up to five) major offenses charged, according to severity of offense.*

REQUEST AND AUTHORIZATION FOR EXPERT SERVICES

12. ATTORNEY'S STATEMENT

As the attorney for the person represented, who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request:

☐ Authorization to obtain service. Estimated compensation and \$ _____ OR☐ Approval of services already obtained to be paid for by the United States pursuant to the Criminal Justice Act (*Note: Prior authorization should be obtained for services in excess of \$500.00, excluding expenses*)

Signature of Attorney _____

Date _____

☐

Panel Attorney

☐

Retained Attorney

☐

Pro-Se

☐

Legal Organization

ATTORNEY'S NAME (*First Name, M.I., Last Name, including any suffix*), AND MAILING ADDRESS _____

Telephone: _____

13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (*See Instructions*)

14. TYPE OF SERVICE PROVIDER

- 01 ☐ Investigator
 02 ☐ Interpreter/Translator
 03 ☐ Psychologist
 04 ☐ Psychiatrist
 05 ☐ Polygraph
 06 ☐ Documents Examiner
 07 ☐ Fingerprint Analyst
 08 ☐ Accountant
 09 ☐ CALR (Westlaw/Lexis, etc.)
 10 ☐ Chemist/Toxicologist
 11 ☐ Ballistics
 13 ☐ Weapons/Firearms/Explosive
 14 ☐ Pathologist/Medical Examiner

- 15 ☐ Other Medical
 16 ☐ Voice/Audio Analyst
 17 ☐ Hair/Fiber Expert
 18 ☐ Computer (Hardware/
 Software/Systems)
 19 ☐ Paralegal Services
 20 ☐ Legal
 21 ☐ Jury Consultant
 22 ☐ Mitigation Specialist
 23 ☐ Duplication Services
 (*See Instructions*)
 24 ☐ Other (*Specify*) _____

15. COURT ORDER

Financial eligibility of the person represented having been established to the Court's satisfaction, the authorization requested in Item 12 is hereby granted.

Signature of Presiding Judicial Officer or By Order of the Court _____

Date of Order _____

Nunc Pro Tunc Date _____

Repayment or partial repayment ordered from the person represented for this service at time of

☐ YES ☐ NO

CLAIM FOR SERVICES AND EXPENSES

FOR COURT USE ONLY

16. SERVICES AND EXPENSES (<i>Attach itemization of services with dates</i>)	AMOUNT CLAIMED	MATH/TECHNICAL ADJUSTED AMOUNT	ADDITIONAL REVIEW
a. Compensation			
b. Travel Expenses (<i>lodging, parking, meals, mileage, etc.</i>)			
c. Other Expenses			
GRAND TOTAL (CLAIMED AND ADJUSTED):			

17. PAYEE'S NAME (*First Name, M.I., Last Name, including any suffix*) AND MAILING ADDRESS

TIN: _____

Telephone: _____

CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM _____ TO _____

CLAIM STATUS

☐

Final Payment

☐

Interim Payment Number _____

☐

Supplemental Payment

I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (*compensation or anything of value*) from any other source for these services.

Signature of Payee _____

Date _____

18. CERTIFICATION OF ATTORNEY I hereby certify that the services were rendered for this case.

Signature of Attorney _____

Date _____

APPROVED FOR PAYMENT - COURT USE ONLY

19. TOTAL COMPENSATION	20. TRAVEL EXPENSES	21. OTHER EXPENSES	22. TOTAL AMOUNT APPR./CERT.
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23. ☐ Either the cost (*excluding expenses*) of these services does not exceed \$500.00, or prior authorization was obtained.☐ Prior authorization was not obtained, but in the interest of justice the Court finds that timely procurement of these necessary services could not await prior authorization, even though the cost (*excluding expenses*) exceeds \$500.00.

Signature of Presiding Judicial Officer _____

Date _____

Judge/Magistrate Judge Code _____

24. TOTAL COMPENSATION	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMOUNT APPROVED
28. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD UNDER 18 U.S.C. § 3006A(e)(3)			
Signature of Chief Judge, Court of Appeals (or Delegate)		Date	Judge Code